



Read & Go Trip

Hillsborough, NC Trip

Friday, June 9, 2017

Are you fascinated by the American Revolution? This trip is based on “Regulated For Murder” by Suzanne Adair? Come with us for a day exploring several key sites and learn about several regulators. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 9:30am.

The author, Suzanne Adair, will be with us for the day. She will lead us on a 45-60 minutes walking tour in Hillsborough that will include Old Town Cemetery, where William Hooper is buried and the site where six regulators were hanged, then on to see the two remaining taverns, now private homes, that played a role in the war. We'll have a tasty group lunch at Anna Maria's Pizzeria. The afternoon will have us traveling to Greensboro to visit Guilford Courthouse National Military Park. Here we will do a driving tour and some short walks of the battlefield, which has exhibits along the way, view a film about the battle that took place there and see the animated Battle Map Program, that explains the tactics of the battle. There will be time to see the exhibits and the book store.

We always encourage participants to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 7:00pm.

Price:

\$66.00 City of Raleigh Resident

\$81.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus, guided walking tour of Hillsborough American Revolution sites, group lunch at Anna Maria's Pizzeria and all activities at the Guilford Courthouse National Military Park.

Patron Expectations:

This trip has a moderate/high volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Five Points Center for Active Adults
2000 Noble Road Raleigh, NC 27608

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink # 209026



RALEIGH Parks,
Recreation and
Cultural Resources
parks.raleighnc.gov

Five Point Center 919-996-4730
Anne Gordon Center 919-996-4720
Walnut Terrace Center 919-996-6160



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Make checks payable to: City of Raleigh

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For Additional Information Contact : Adult Program Staff at 919-996-4730 or 919-996-4720

Keep top portion for your records

Hillsborough, NC Friday, June 9, 2017 # 209026

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant

SIGNATURE

SIGNATURE

Date signed

DATE

I understand that there is no one-on-one assistance provided by Raleigh PRCR Adult Program Staff

Initial

INITIALS

Name of Participant _____ Name of Participant _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email: _____

Emergency Contact _____ Primary Phone _____ Secondary Phone _____

Meal choice: _____ Hot Grilled Chicken Sandwich _____ Hot Roast Beef Sandwich _____ Tuna Melt
 _____ Parmigiana Sub (Choice of chicken, eggplant or meatball) _____ Grilled Chicken Salad

NON-DISCRIMINATION POLICY: The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Office use:

Staff Initials

Date

Food Concerns